

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
INSPECTION REPORT



323222

USEPA Number: ILD091766410

IEPA Number: 0310390003

Facility Name: FINA OIL AND CHEMICAL

Street: 14200 S. PAXTON

City: CALUMET CITY

Telephone: 862-6148

County: COOK

State: IL Zip Code: 100403

Type of Facility: Notified As: *GEA/TSID*

Regulated As: *6 EN*

LDF? yes no HPV? yes no 90 Day Follow-up Required? yes no

Region: *N* Date of Inspection: *4-29-87*

From: 9:30 AM to 12:10 PM

Weather (LDF Only):

Type of Inspection

ISS: ☒ Sampling: ☐ Citizen Complaint: ☐ Closed: ☐ Withdrawal: ☐

Record Review: Follow-up to Inspection of :— Other: —

Non Regulated Status

Small Quant. Gen.: Claimed Nonhandler: Other(Specify in narrative):

Notified As/Regulated As Matrix Number: 5 Key Letter: A

Notification date, 8-14-80, from initial ☒ or subsequent notification.

Part A date, 11-30-82, from initial or amended Part A:

Part B permit application submitted? yes no

Has the firm been referred to: USEPA? yes no ☒; IAG? yes no ☒; County

States Attorney? yes ☐ no ☒ Date of referral to USEPA:

IAG: _____, County States Attorney: _____

Federal Court Order Issued: _____ State Court Order Issued: _____

USEPA Compliance Order Issued: _____ Illinois PCB Order Issued: _____

TSD Facility Activity Summary

[illegible]

Operator: FINA OIL AND CHEMICAL CO Telephone #: _____

Street: 14200 S. PAXTON

City: CALUMET CITY State: IL Zip Code: 60409

Owner: SAME AS ABOVE Telephone #: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Person Interviewed Title Telephone #

GERALD HARDIN MANAGER 862-6100

Inspection Participants Agency/Title Telephone #

RICHARD FINLEY IEPA / EPS2 345-9780

Prepared By Agency/Title Telephone #

RICHARD FINLEY IEPA / EPS2 345-9780

Summary of Apparent Violations

Area	Class	Section

Area	Class	Section

Area	Class	Section

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WASTE DISPOSITION FORM

Facility Name: FIMA OIL AND CHEMICAL . . . USEPA #: 1609766410 . . . IEPA #: 0310390003

[illegible]

* All "no" responses must be explained in the narrative

NARRATIVE

WASTE (DDOI) WHEN A CLAY FILTER MEDIA USED FOR REMOVAL OF CONTAMINANTS FROM A STYRENE MONOMER DURING THE MANUFACTURING PROCESS, IS DISPOSED OF BY PLACING THE FILTER MEDIA INTO 55 GALLON CONTAINERS

WHEN PLACED INTO A DRUM, THE FILTER MEDIA IS NOT COMPLETELY IN A SOLID STATE.

CONSEQUENTLY, APPROXIMATELY THIRTY-FIVE PERCENT OF THE WASTE IS MANIFESTED AS A LIQUID. BOTH THE SOLID AND THE LIQUID STYRENE ETHYLENE WASTE IS MANIFESTED TO LWD, CALVERT CITY, KY FOR INCINERATION.

AT THE TIME OF INSPECTION, THIS FACILITY APPEARED TO BE IN COMPLIANCE WITH GENERATOR REQUIREMENTS.

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ON 11-18-80, FINA OIL AND CHEMICAL COMPANY FILED A PART A APPLICATION, IDENTIFYING CONTAINER AND TANK STORAGE PROCESSES.

A TSD INSPECTION WAS CONDUCTED ON 3-26-82. AT THAT TIME, THE ONLY ACTIVE PROCESS WAS CONTAINER STORAGE.

IN A LETTER TO USEPA DATED 11-30-82 FINA OIL AMENDED ITS PART A, INDICATING THAT THEY HAD BEEN OVERLY PROTECTIVE IN THEIR FILING AND REQUESTED THAT THEIR PART A BE WITHDRAWN AS HAZARDOUS WASTES WERE NEVER STORED IN TANKS AND HAZARDOUS WASTES STORED IN DRUMS WOULD NOT BE ACCUMULATED FOR MORE THAN 90 DAYS.

BECAUSE HAZARDOUS WASTES HAD BEEN STORED IN DRUMS FOR MORE THAN 90 DAYS, A CLOSURE PLAN WAS REQUIRED FOR SCL ACTIVITY.

THE CLOSURE PLAN WAS APPROVED ON 3-1-84; COMPLETED AND CERTIFIED ON 7-13-84, AND A CLOSURE VERIFICATION INSPECTION CONDUCTED ON 9-21-84.

FINA, WHICH MANUFACTURES A POLYSTYRENE RESIN GENERATES A STYRENE ETHYLBENZENE

Area	C-	90 Day F/U	Key Ltr	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1		A,D, E,G	PART 722 GENERATOR STANDARDS Subpart A: General				
				Section 722.111 Hazardous Waste Determination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
				Has the generator determined if the solid waste it generates is a hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				Did the generator follow the procedures specified in this section in making its determination? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				A Section 722.112 USEPA Identification Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
				a) Has the generator obtained a USEPA identification number? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				b) Has the generator offered his hazardous waste only to transporters or to treatment, storage or disposal facilities that have received a USEPA identification number? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

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Area	C	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				Part 722 GENERATOR STANDARDS				
			A,D, E,G	Subpart B: The Manifest				
				Section 722.120 Generator Requirements				
			a)	Has the generator who transports; or who offers its hazardous waste for transportation off-site for treatment, storage or disposal prepared a uniform hazardous waste manifest? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b)	For hazardous waste going outside Illinois for treatment, storage or disposal, has the generator used the manifest supplied by the Agency if the State to which the hazardous waste is being shipped does not supply and require the completion of its own State manifest? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			c)	For hazardous waste going outside Illinois for treatment, storage or disposal, has the generator used the manifest supplied by and requiring completion by the State to which the hazardous waste is being shipped? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
			d)	Did the generator designate on the manifest one facility which is permitted to handle the hazardous waste therein described? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				Note: The generator may also designate an alternate facility permitted to handle the hazardous waste in the event an emergency prevents delivery of the hazardous waste to the primary designated facility.				

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Area	C	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
MAN	2		f)	<p>In any instances where the transporter was unable to deliver the hazardous waste to the designated or alternate permitted facility, has the generator designated another permitted facility or instructed the transporter to return the waste?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>Section 722.121 Acquisition of Manifests</p>	<input checked="" type="checkbox"/>			NO SUCH INSTANCES
			a) or B)	<p>This section reiterates the requirements for generators to use Illinois manifests for hazardous waste going for treatment, storage or disposal in Illinois; or consignment State manifests for wastes going out of State for treatment, storage or disposal unless the consignment State does not supply its own manifest, in which case the generator must use the Illinois manifest. A "No" answer to the second or third question under Section 722.120, General Requirements, also indicates non-compliance with this section.</p>				
MAN	2			<p>Section 722.122 Number of Copies</p> <p>Does the manifest the generator is using consist of at least six copies (plus one copy for each additional transporter)?</p> <p>Yes <input checked="" type="checkbox"/> No _____</p>	<input checked="" type="checkbox"/>			

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Area	C	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance? Yes No N/A	Remarks or Comment Number
MAN				Section 722.123 Use of the Manifest	✓	
			a)	For each manifest reviewed, has the generator?		
				1) Signed the certificate by hand? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
				2) Obtained the handwritten signature and the date of acceptance by the initial transporter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
				3) Retained one copy as required by Section 722.140(a), Record keeping? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
				4) Apparently sent a copy (Part 5 for Illinois manifests) to the Agency within two working days? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			b)	Has the generator apparently given the remaining copies of the manifest to the transporter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			c)	Has the generator followed the procedures prescribed in Section 722.123 (c) for manifesting bulk shipments of hazardous waste by water? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		NO BULK SHIPMENTS.
			d)	Has the generator followed the procedures prescribed in Section 722.123 (d) for manifesting bulk shipments of hazardous waste by rail? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		↓

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Area	C	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				Part 722				NO WASTE PREPARED FOR SHIPMENT
				GENERATOR STANDARDS				
			A,D, E,G	Subpart C: Pre-transport Requirements				
				Section 722.130 Packaging			✓	
OTH	1	X		Is waste which is ready for transportation off-site packaged in accordance with 49CFR, Parts 173, 178 and 179? Yes _____ No _____				
OTH	1	X		Section 722.131 Labeling			✓	
				Is each package of hazardous waste which is ready for transportation off-site labeled in accordance with 49CRR Part 172? Yes _____ No _____				
OTH	1	X		Section 722.132 Marking			✓	
			a)	Is each package of hazardous waste which is ready for transportation off-site marked in accordance with 49CFR Part 172? Yes _____ No _____				
			b)	Is each package of hazardous waste which is ready for transportation off-site marked in accordance with: - The generator's name and address? Yes _____ No _____ - The manifest document number associated with the container? Yes _____ No _____				

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Area	C.	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1			<p>- The words "Hazardous Waste - Federal Law Prohibits Improper Disposal. If found contact the nearest police, or public safety authority or the U.S. Environmental Protection Agency"? Yes _____ No _____</p> <p>Section 722.133 Placarding</p> <p>Does the generator have, for the waste it generates, the proper placards to:</p> <p>- Placard the transport vehicle, or</p> <p>- Offer to the first transporter, according to 49CFR, Part 172, Subpart F? Yes _____ No _____</p>	<input checked="" type="checkbox"/>			
JTH	1	X		<p>Section 722.134 Accumulation Time</p> <p>Has the generator (who is not a small quantity generator in compliance with the requirements in Section 721.105) only accumulated hazardous waste on site for periods of 90 days or less? Yes <input checked="" type="checkbox"/> No _____</p> <p>Note: If the answer is "Yes", complete the following questions. If the answer is "No", and there is more than 1000 kg (one kg of acute hazardous waste or 100 kg of any residue or contaminated soil, waste or other debris resulting from the clean up of a spill, into or on any land or water, of any acute hazardous waste listed in Sections 721.121, 721.132 or 721.133 (e)) the firm is a storage facility. Complete the TSD inspection form, unless the generator has requested and has been granted an extension as provided for in Section 722.134 (b).</p>	<input checked="" type="checkbox"/>			

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Area	C	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
			a)1)	For waste in containers, has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart I: Use and Management of Containers? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				NO TANK STORAGE
				Note: Complete pages TSD-I-1 and <u>2</u> concerning container storage prior to answering this question.				
			a)1)	For waste in tanks, has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart J: Tanks except for Section 725.293, Closure? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
				Note: Complete pages TSD-J-1 thru <u>5</u> concerning tank storage prior to answering this question.				
			a)2)	For waste in containers, has the generator marked and made visible for inspection on each container, the date upon which accumulation began? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			a)3)	For waste in containers and tanks, has the generator marked or labeled each with the words "Hazardous Waste"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			a)4)	Has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart C: Preparedness and Prevention? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Note: Complete pages TSD-C-1 thru <u>4</u> concerning preparedness and prevention prior to answering this question.				
			a)4)	Has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart D: Contingency Plan and Emergency				

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Area	C-	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				<p>Procedures? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Note: Complete pages TSD-D-1 thru 5 concerning contingency plan and emergency procedures prior to answering this question.</p> <p>a)4) Has the generator complied with the requirements of 35 Ill. Adm. Code 725.116, Personnel Training? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Note: Complete pages TSD-B - 8 thru 10 concerning personnel training prior to answering this question.</p> <p>Note: In inspections at firms whose key letters are A or D, include the TSD inspection form pages indicated above for subsection a)1) and a)4) with the generator inspection form. If the key letters are either E or G, these pages will be included in the TSD inspection form and need not be repeated in this portion.</p> <p>Any violations noted in completing the aforementioned pages from the TSD inspection form at firms whose key letters are A and D are violations of <u>only</u> the requirements in Section 722.134, <u>not</u> the requirements of Part 725.</p> <p>c)1) Is the generator who accumulates hazardous waste in containers at or near any point of generation where wastes initially accumulate and which is under the control of the operator of the process generating the waste:</p>				

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Area	90 Day F/U	Key Ltr Sub See	Requirement	In Apparent Compliance?			Remarks or Comment Number
				Yes	No	N/A	
			<ul style="list-style-type: none"> - Limiting such accumulation to 55 gallons (one quart of acutely hazardous waste listed in 35 Ill. Adm. Code 721.133)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - Complying with the requirements of: <ul style="list-style-type: none"> 1) 35 Ill. Adm. Code 725.271, Condition of Containers? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 2) 35 Ill. Adm. Code 725.272, Compatibility of Waste with Containers? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 3) 35 Ill. Adm. Code 725.273(a), Management of Containers - requiring that the containers be stored closed except when waste is being added or removed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - Marking the containers with the words "Hazardous Waste" or with other words that identify the containers? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 				
		c)2)	<p>Has the generator who accumulates more than 55 gallons (one quart of acutely hazardous waste listed in 35 Ill. Adm. Code 721.133 (e)) with respect to the amount of excess waste, complied with the requirements in Section 722.134(a) within three days?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>				<p>NO MORE THAN 1 DRUM ACCUMULATED AT/NEAR POINT OF GENERATION</p>

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Area	C-	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
			c)2)	Are the containers with the excess amounts marked with the date accumulation began? Yes _____ No _____ N/A <input checked="" type="checkbox"/>				
			c)2)	During the three day period, is the generator continuing to comply with the requirements of Section 722.134(c)(1)? Yes _____ No _____ N/A <input checked="" type="checkbox"/>				

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Area	C.	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	2		A,D, E,G	<p>Part 722</p> <p>GENERATOR STANDARDS</p> <p>Subpart D: Record keeping and Reporting</p> <p>Section 722.140 Recordkeeping</p> <p>Has the generator retained for a period of three years:</p> <p>a) - A copy of each signed manifest? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>b) - A copy of each annual report? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>b) - A copy of each exception report? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>c) - Copies of test results, waste analyses or other determinations made in accordance with Section 722-111? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d) Does a generator who is involved in any unresolved enforcement action continue to maintain the records required in 722.140 (a) thru (c)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>d) If the Director has requested that the records required in 722.140 (a) thru (c) be maintained for a period longer than three years, has the generator continued to maintain them? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>	<input checked="" type="checkbox"/>			<p>NO UNRESOLVED ENFORCEMENT ACTION OR REQUESTS FROM THE DIRECTOR.</p>
OTH	2			<p>Section 722.141 Annual Reporting</p> <p>a) Has the generator who ships waste off-site prepared and submitted a copy of an annual report, as supplied by the Agency, to the Agency by March 1, for the preceeding calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<input checked="" type="checkbox"/>			

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Area	C	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
MAN	1			a) Does the annual report include a description of: <ul style="list-style-type: none"> - The efforts undertaken during the year to reduce volume and toxicity of waste generated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - The changes in volume and toxicity of waste actually achieved during the year in comparison to previous years to the extent such information is available for years prior to 1984? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <p>Note: The above descriptions will be required on annual reports for calendar year 1986 and later.</p> <p>Note: A generator who treats, stores or disposes of hazardous waste on-site must submit an annual report as a TSD in accordance with the requirements of 35 Ill. Adm. Code 702, 703, 724, 725 and 40 CFR 266.</p>				
				Section 722.124 Exception Reporting			<input checked="" type="checkbox"/>	
				a) Has the generator who has not received a signed copy of the manifest from the designated TSD within 35 days of the date the waste was accepted by the initial transporter determined the status of its hazardous waste? Yes <input type="checkbox"/> No <input type="checkbox"/>				NO INSTANCES REQUIRING EXCEPTION REPORTING

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Area	C.	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1			b) Has the generator who has not received a signed copy of the manifest from the designated TSD within 45 days of the date the waste was accepted by the original transporter submitted an exception report to the director? Yes _____ No _____ b) Does any exception report submitted to the Director contain the following? - A legible copy of the manifest for which the generator does not have confirmation of delivery, and - A cover letter signed by the generator or his authorized representative explaining the efforts taken to locate the hazardous waste and the results of those efforts? Yes _____ No _____ N/A _____				
				Section 722.143 Additional Reporting Has the generator submitted all additional reports concerning quantities and disposition of wastes as required by the Director? Yes _____ No _____			✓	NONE REQUIRED AT THIS TIME

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Area	C.	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1		A,D, E,G	Part 722				<p>NO INTERNATIONAL SHIPMENTS</p> <p>RECEIVED MAY 13 1987 IEPA-DLPC</p>
				GENERATOR STANDARDS				
				Subpart E: Special Conditions				
				Section 722.150 International Shipments				
				b)1) Has the generator notified the Administrator and Agency, in writing, four weeks before the initial shipment of hazardous waste to each country in each calendar year? Yes ___ No ___ N/A ___				
				b)1) Does the notice include the following?				
				<ul style="list-style-type: none"> - The waste identification by its USEPA hazardous waste identification number and its DOT shipping description and, - The name and address of the foreign consignee? Yes ___ No ___ 				
				b)2) Has the generator received confirmation, in writing, from the foreign consignee that the waste had been delivered? Yes ___ No ___				
				Note: A copy of the manifest signed by the foreign consignee may be used for this purpose.				
				b)3) Has the generator met the manifest requirements of Section 722.120 except that:				
				<ul style="list-style-type: none"> - In place of the name, address, and USEPA identification number of the designated facility, the name and 				

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Area	C-	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				<p>address of the foreign consignee is used, and</p> <p>- The generator identifies the point of departure from the United States, that the waste must travel before entering a foreign country? Yes ____ No ____</p>				
				b)4) Is the generator using manifests obtained from the Agency for its international shipments? Yes ____ No ____ N/A ____				
				c)1) Has the generator filed an exception report if it has not received a signed copy of the manifest from the transporter stating the date and place of departure of the waste from the United States within 45 days of the date the waste was accepted by the transporter? Yes ____ No ____ N/A ____				
				c)2) Has the generator filed an exception report if it has not received written confirmation from the foreign consignee of the arrival of the waste within 90 days of the date the waste was accepted by the initial transporter? Yes ____ No ____ N/A ____				
				d) Has the person exporting hazardous waste filed with the Administrator and the Agency, no later than March 1 of each year, a report summarizing the types, quantities, frequency and ultimate destination of all such hazardous waste exported during the previous calendar year? Yes ____ No ____ N/A ____				

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Area	C.	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
			e)1)	Has the person importing hazardous waste met the manifest requirements of Section 722.120 except that: In place of the generator's name, address and USEPA identification number, the name and address of the foreign generator and the importer's name, address and USEPA identification number are used.				
			e)2)	Has the importer or his agent signed the manifest in place of the generator? Yes ___ No ___ N/A ___				
			e)2)	Has the importer or his agent obtained the signature of the initial transporter? Yes ___ No ___ N/A ___				
			f)	Is the person importing hazardous waste using manifests obtained from the Agency? Yes ___ No ___ N/A ___				
OTH	2	X		Section 722.151 Farmers Is a farmer who is disposing of waste pesticides from his own use which are hazardous wastes: - Triple rinsing each emptied pesticide container in accordance with 35 Ill. Adm. Code 727.107 (b)(3), Residues of Hazardous Waste in Empty Containers? Yes ___ No ___ N/A ___				NO FARM ACTIVITY RECEIVED MAY 13 1987 IEPA-DLPC

Area	90 Day F/U	Key Ltr Sub Sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
				Yes	No	N/A	
			<p>- Disposing of pesticide residue on his own farm in a manner consistent with the disposal instructions on the pesticide label? Yes ___ No ___ N/A ___</p> <p>Note: If the answer to either of the preceeding questions is "No", the farmer is subject to the requirements of this Part (722) and to the applicable portions of 35 Ill. Adm. Code 702, 703 and 725 (724). Complete the applicable inspection form(s).</p>				

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Area	90 Day F/U	Key Ltr	Requirement	In Apparent Compliance?			Remarks or Comment Number
				Yes	No	N/A	
OTH	2		A notation of the observations made? Yes ___ No ___ The date and nature of any type of corrective action? Yes ___ No ___ N/A ___				
			Section 725.116 Personnel Training	✓			
			a)1) Have facility personnel who are involved with hazardous waste management successfully completed a program of classroom or on-the-job training that teaches them to perform their duties in a way that ensures the facility's compliance with the requirements of this Part? Yes <input checked="" type="checkbox"/> No ___				
			a)1) Is the training program formalized, i.e. written down? Yes <input checked="" type="checkbox"/> No ___				
			a)2) Is the program directed by a person who has been trained in hazardous waste management procedures? Yes ___ No ___				
			a)3) Does the program cover, at a minimum:				
			A) Procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment? Yes <input checked="" type="checkbox"/> No ___ N/A ___ B) Key parameters for automatic waste feed cutoff systems? Yes <input checked="" type="checkbox"/> No ___ N/A ___ C) Communications or alarm systems? Yes <input checked="" type="checkbox"/> No ___ N/A ___ D) Response to fire or explosion? Yes <input checked="" type="checkbox"/> No ___ N/A ___				

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Area	C.	90 Day F/U	Key Ltr	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				<p>E) Response to ground water contamination incidents? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>a)3) Does the program cover the implementation of the contingency plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>b) Have new employees completed the program within six months of the date of employment or assignment to a position requiring them to manage hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>c) Has the facility conducted an annual review of the initial training? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>d) Are the following documents and records being maintained at the facility:</p> <p>1) The job title for each position related to the management of hazardous waste and the name(s) of the employee(s) filling each job? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>2) A written job description for each job position above, to include the requisite skill, education or other qualifications and duties of personnel assigned to each position? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>3) A written description of the type and amount of both initial and continuing training that will be given to each person holding a position dealing with hazardous waste management? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>				

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Area	C	90 Day F/U	Key Ltr	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1	X		4) Records to document that the training or job experience have been given to and completed by personnel dealing with hazardous wastes management? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			e)	Is the facility maintaining training records of former employees who were involved in hazardous waste management for a period of at least three years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				Section 725.117 General Requirements for Ignitable, Reactive or Incompatible Wastes				
			a)	Are ignitable and reactive wastes protected from and separated from sources of ignition and reaction? Yes <input type="checkbox"/> No <input type="checkbox"/>				
			a)	Are smoking and open flames restricted to specially designated areas when ignitable or reactive waste is being handled? Yes <input type="checkbox"/> No <input type="checkbox"/>				
			a)	Are "No Smoking" signs posted whenever there is a hazard from ignitable or reactive waste? Yes <input type="checkbox"/> No <input type="checkbox"/>				
			b)	Is the treatment, storage or disposal of ignitable or reactive waste and the mixture or comingling of incompatible wastes and materials being done so that it does not:				
				1) Generate extreme heat or pressure, fire, or explosion or violent reaction? Yes <input type="checkbox"/> No <input type="checkbox"/>				

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Area	C	90 Day F/U	Key Ltr	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1	X	A D C, E, F, G	<p>Part 725</p> <p>INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES</p> <p>Subpart C Preparedness and Prevention</p> <p>Section 725.131 Maintenance and Operation of Facility</p> <p>Is the facility being maintained and operated to minimize the possibility of a fire, explosion or any unplanned and sudden or non-sudden release of hazardous waste or hazardous waste constituents to:</p> <ul style="list-style-type: none"> - Air - Soil, or - Surface water, <p>which would threaten human health or the environment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<input checked="" type="checkbox"/>			
				<p>Section 725.132 Required Equipment</p> <p>Is the facility equipped with the following, unless none of the hazards posed by waste handled at the facility could require a particular kind of equipment:</p> <p>a) - An internal communications or alarm system capable of providing immediate emergency instructions?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<input checked="" type="checkbox"/>			

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Area	C	90 Day F/U	Key Ltr Sub- sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	1	X	b)	- A device such as a telephone (immediately available at the scene of operations) capable of summoning emergency assistance from local police or fire departments or State or local emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			c)	- Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			d)	- Water at adequate volume and pressure to supply water hose streams or foam producing equipment or automatic sprinklers or water spray systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			Note: Any "N/A" answers must be explained in the Remarks column.					
				Section 725.133 Testing and Maintenance of Equipment	<input checked="" type="checkbox"/>			
				Where required, is the facility testing and maintaining, as necessary, to assure proper operation in time of emergency:				
				- Communications/alarm systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				- Fire protection equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				- Spill control equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				- Decontamination equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				

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Area	C.	90 Day F/U	Key Ltr Sub- sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				Note: Any "N/A" answer must be explained in the Comments.				
OTH	1	X		Section 725.134 Access To Communi- cations Or Alarm Systems	✓			
			a)	Do all personnel involved in handling hazardous waste have immediate access to an internal alarm or emergency communication device, either directly or thru visual or voice contact with another employee, unless not required under Section 725.132? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			b)	If there is ever just one employee on the premises while the facility is operating, does he have immediate access to a device, such as a telephone, capable of summoning external emergency assistance, unless such a device is not required under Section 725.132? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				THERE IS NEVER ONLY ONE EMPLOYEE AT THE FACILITY.
OTH	1	X		Section 725.135 Required Aisle Space	✓			
				Is the owner or operator maintaining sufficient aisle space to allow the unobstructed movement of personnel, fire equipment and decontamination equipment to any area of the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
OTH	2			Section 725.137 Arrangements with Local Authorities	✓			
				Has the owner or operator made or attempted to make the following arrangements, as appropriate for the type of waste handled at his facility and the potential need for the services of these organizations:				

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Area	90 Day F/U	Key Ltr Sub-	Requirement	In Apparent Compliance?			Remarks or Comment Number
				Yes	No	N/A	
		sec a) 1)	1) Arrangements to familiarize police and fire departments and emergency response teams with the layout of the facility, properties of hazardous wastes handled at the facility and associated hazards, places where personnel would normally be working, entrances to roads inside the facility and possible evacuation routes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				<p>RECEIVED MAY 13 1987 EPA-DLPC</p> <p>NO REFUSALS</p>
		a) 2)	2) Where more than one police or fire department might respond to an emergency, has one been designated as the primary emergency authority with the others agreeing to provide support to the the primary emergency authority? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
		a) 3)	3) Agreements with State emergency response teams, emergency response contractors and equipment suppliers? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
		a) 4)	4) Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions or releases at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
		b)	Has the owner or operator documented, in the operating record, refusal of State or local authorities to enter into any or all of the above arrangements? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				

Note: Any "N/A" answer must be explained in the comments.

Area	90 Day F/U	Key Ltr Sub-	Requirement	In Apparent Compliance?			Remarks or Comment Number
				Yes	No	N/A	
		sec	Part 725				
			INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES				
		C, E, F, G	Subpart D Contingency Plan and Emergency Procedures				
OTH	1		Section 725.151 Purpose and Implementation of Contingency Plan	✓			
		a)	Is the plan designed to minimize hazards to human health or the environment from fires, explosions or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface waters? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
		b)	Have the provisions of the plan been carried out immediately whenever there was a fire, explosion or release of hazardous waste constituents which could threaten human health or the environment? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				PLAN HAS NOT BEEN IMPLEMENTED
OTH	2		Section 725.152 Content of Contingency Plan	✓			
		a)	Does the plan describe the actions facility personnel must take to comply with Sections 725.151 and 725.156 in response to:				
			1) Fires. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			2) Explosions. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			3) Unplanned sudden or non-sudden releases of hazardous waste or hazardous waste constituents to air, soil or surface water? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

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Area	C.	90 Day F/U	Key Ltr Sub- sec c)	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
				<p>Does the plan describe the arrangements agreed to by:</p> <p>1) Local police and fire departments? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>2) Hospitals? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>3) Contractors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>4) State and local emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d) Does the plan list the names, addresses and phone number (office and home) of all personnel qualified to act as emergency coordinators? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d) Is the list of emergency coordinators up-to-date? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d) If more than one person is designated as an emergency coordinator is a primary coordinator identified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>e) Does the Plan identify:</p> <p>1) All emergency equipment at the facility to include a physical description of the equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>2) A brief outline of the capability of each piece of emergency equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>3) The location of each piece of emergency equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>e) Is the list of emergency equipment up-to-date? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>				

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Area	Cl	90 Day F/U	Key Ltr Sub-	Requirement	In Apparent Compliance?			Remarks or Comment Number
					Yes	No	N/A	
OTH	2		sec f)	Does the plan include an evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			f)	Does the plan identify the signal to be used to begin evacuation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			f)	Are alternate evacuation routes identified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			Section 725.153 Copies of Contingency Plan			<input checked="" type="checkbox"/>		
OTH	2			Has a copy (and all revisions) of the contingency plan:				<p>RECEIVED</p> <p>MAY 13 1987</p> <p>IEPA-DLPC</p>
			a)	a) Been maintained at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b)	b) Been submitted to all local police and fire departments, hospitals, and State and local emergency response teams that may be called upon to provide emergency service? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			Section 725.154 Amendment of Contingency Plan			<input checked="" type="checkbox"/>		
				Has the contingency plan been reviewed, and if necessary, amended whenever:				
			a)	1) Applicable regulations are revised? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b)	2) The plan fails in an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				

Area	90 Day F/U	Key Ltr Sub- sec c)	Requirement	In Apparent Compliance?			Remarks or Comment Number
				Yes	No	N/A	
OTH	2		<p>3) The facility changes - in its design, construction, operation, maintenance or other circumstances - in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents or changes the response necessary in an emergency? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>d) 4) The list of emergency coordinators changes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>e) 5) The list of emergency equipment changes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Section 725.155 Emergency Coordinator</p> <p>Is there an emergency coordinator on site or on call at all times? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Is there an emergency coordinator familiar with all aspects of the contingency plan, all operations and activities at the facility, the location and characteristics of the wastes handled, the location of all records in the facility and the facility layout? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Does the coordinator have the authority to commit the resources to carry out the contingency plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<input checked="" type="checkbox"/>			
OTH	1 or 2		<p>Section 725.156 Emergency Procedures</p> <p>Has the facility had a release, fire or explosion? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			<input checked="" type="checkbox"/>	

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Area	90 Day F/U	Key Ltr Sub- sec	Requirement	In Apparent Compliance?			Remarks or Comment Number
				Yes	No	N/A	
			<p>Note: If the answer is "No" check N/A. If the answer is "Yes", explain in detail the incident and how the facility did or did not follow the procedures prescribed in this section. Review the requirements while completing the explanation. If the company failed to meet one or more of the requirements, check "No" in the Apparent Compliance column.</p>				

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Area	e	90 Day F/U	Key Lit Sub- sec	Requirement	In Apparent Compliance?		N/A	Remarks or Comment Number
					Yes	No		
				Part 725				
				INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES				
			A, D, C, E, F, G	Subpart I Use and Management of Container				
OTH	1	X		Section 725.271 Condition of Containers	<input checked="" type="checkbox"/>			
				Has the owner or operator transferred the hazardous waste in leaking container or containers which are not in good condition or managing the waste in some other way that complies with the requirements of this Part? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
OTH	1	X		Section 725.272 Compatibility of Waste with Container	<input checked="" type="checkbox"/>			
				Is the owner or operator using containers made of or lined with materials which will not react with and are otherwise compatible with the hazardous waste to be stored so that the ability of the container to contain the waste is not impaired? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
OTH	1	X		Section 725.273 Management of Containers	<input checked="" type="checkbox"/>			
			a)	Are containers of hazardous waste always closed during storage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

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